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ABSTRACT

Reasonable and moderate drinking is considered acceptable by the major portion of the population. Although women consume less alcohol than men, alcohol has a greater intoxicating effect for women than for men because of the differences in body water content and proportion of fatty tissue. The prevalence rate of drinking is virtually identical for college men and women. The relationship between women's drinking and their working status is ambiguous. It has been found that women are more likely to drink in private settings while men are more likely to drink in public settings. Women's drinking is strongly linked to the amount and patterns of drinking of people in their social environments. There is a greater stigma attached to female intoxication than to male intoxication. There is no real evidence of a significant increase in rates of female alcoholism. There are more facilities for women alcoholics than there were formerly and facilities for women are probably more used than they were in earlier decades. Antecedent factors for women's alcoholism include alcoholic relatives, family of origin problems, childhood depression, and drinking at a young age. Women alcoholics differ from men in the age of onset of drinking, drinking alone, polydrug use, and suicidal ideation. Medical consequences of heavy drinking are accelerated for women. Social consequences take the form of troubled relationships. Women alcoholics have low self-esteem. Primary prevention is directed toward the abolition or nonexistence of problem drinking. Secondary prevention is involved in the early detection efforts of employee assistance programs. (ABL)

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Alcohol and Women

by

Edith S. Lisansky Gomberg, Ph.D.

Center of Alcohol Studies
Pamphlet Series

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Alcohol and Women

SOCIAL DRINKING

The United States is not an abstinent country: reasonable and moderate drinking is considered acceptable by the major portion — about two-thirds — of the population, although it varies widely from one population subgroup to another. Drinking patterns are defined in terms of ounces or level of consumption of absolute alcohol or by the quantity and frequency, i.e., the amounts and occasions of drinking.

There are gender differences in the effects of alcohol on the body and a recent report of a task force on women's health issues states unequivocally that:

> Although there is little question that women consume less alcohol than men, there is increasing evidence that when they drink at comparable levels they are likely to be more impaired both acutely and chronically (U.S. Public Health Service, 1985, pp. IV-4).

The greater intoxicating effect of alcohol for women is explained by differences in body water content and proportion of fatty tissue: tissue alcohol concentration is directly proportional to tissue water content, and women, with lower total body water and higher proportion of fatty tissue, have, other things being equal, relatively higher tissue alcohol concentrations. There is also some evidence that alcohol consumption affects the secretion of sex hormones, and, after the same amount of alcohol, women develop different blood alcohol concentrations at different stages of the menstrual cycle. For most drinkers, there is a "wisdom of the body" which manifests itself in women generally drinking smaller amounts of alcoholic beverages.

Moderate drinking probably takes place most frequently in social settings, public and private, and there is general belief that drinking heavily alone is an indicator of alcohol-related problems. In a study of perceptions of college dormitory resident advisors, 84% reported that they believed "getting drunk alone" to be a sign of serious drinking problems (Scheller-Gilkey et al., 1979). Nor is such a view confined to college dormitories in the United States. Anthropologists and ethnographers reporting on the drinking customs and attitudes of different countries and cultures also observe this equating of drinking alone and deviance. Solitary drinking, for example, is considered pathological in the Balkan countries (Beck, 1985).

"Moderate drinking" covers a wide range of behavior, from the occasional drinker who takes one drink at a festival or family occasion up to the daily drinker who consumes a modest amount each day (probably two drinks or less). The effects of alcohol are considerably influenced by the presence of food in the stomach, and moderate drinking is often an accompaniment to eating. During holiday seasons there are educational campaigns to encourage hosts and hostesses to make food available to drinking guests. Moderate social drinking is often doubly rewarding because the pleasures of socializing and the relaxation produced by the alcohol come together. Anthropologists often write of the *integrative* function of alcohol; drinking together, particularly in a celebration, is a way human beings come together and enjoy group participation.

In those societies and religious groups which permit the use of alcoholic beverages, women, as a rule, are permitted to drink. In virtually all societies, they drink less than men, and in most societies, fewer women than men drink at all. There is, however, a clear double standard which applies to intoxication and heavy drinking. Describing the commonalities in a wide variety of American subcultures, Heath comments:

> A striking regularity in many of the populations described here is the sexual double standard, whereby men are allowed, even sometimes expected to drink, even to excess, whereas women would be condemned for similar behavior (Heath, 1985, p. 473).

In the United States, as in other countries for which data are available, women tend to be less frequently drinkers and to drink less than men (U.S. NIAAA, 1987). Community and national surveys are consistent: more men than women drink, men begin drinking at a younger age than women, men drink relatively larger quantities, and men develop alcoholism more frequently than do women. In spite of recent concerns about apparent increases in female alcohol-related problems, there are still more men than women who abuse alcohol. The most recent data available show that the largest proportion of male drinkers is in their thirties and the largest group of female drinkers to be those in their twenties. Interestingly enough, heavy drinking peaks for men in their twenties but, among women, it remains fairly constant for women during their twenties, thirties and forties (Hilton, 1987).

Young People

Among college students, the proportion of male students who drink has risen slightly over the last several decades but the proportion of female students who drink has risen more, so that the annual preva-

lence rate among male and female college students is now virtually identical (Straus and Bacon, 1950; Engs, 1977; Johnston et al., 1987). Still, the women tend to drink lesser amounts, and there are gender differences in heavy drinking: Johnston et al. (1987) report daily use of alcohol by 6.4% of young men and 3.1% of young women. Drinking to intoxication, estimated at five or more drinks on a single occasion, is reported by 58% of young men and 34% of young women. One statistic which may be of concern is the high proportion of alcohol users in the college population and among young people in general; it is interesting that the use of alcohol has risen among young people as the use of illicit drugs has diminished. Young male drinking is in line with traditional masculine behaviors and does not seem to elicit the same worries as does drinking by young women, which is frequently viewed with alarm. Sometimes the concern is expressed as anticipation of rising rates of alcohol abuse among women although it is likely that the concern is also based on anxiety about sexuality and reproduction and the negative effects of alcohol.

Working Women

The civilian labor force is estimated at this time to include more than 36 million women, aged 16 to 70. Obviously, the choice of whether to drink or not is related to many factors besides workforce status: age, ethnic group, religion, marital status, level of occupation, etc. As the feminist movement grew, there were at least two views about the relationship between "emancipation" and alcohol. One view was that alcohol problems were "the ransom" women paid for their emancipation, expressed as the "cost of equality" (Cost of equality, 1980). Another view was that self-actualization by work outside the home would produce less frustration and hence, less alcoholism. There were also views about "sex role conflict," "sex role confusion," and "dual role load."

There are no clear answers to these questions because the decision to drink and the tendency to drink sizable quantities of alcohol are not only matters of whether a women is working outside the home but questions as well of genetics and upbringing, presence or absence of a heavy drinker in the social environment, the nature of the job itself, and a host of social class, ethnic and religious identifications which influence a woman's behavior with alcohol. Whether a woman is married, whether she has experienced marital disruption, whether she has children and economic responsibilities, whether she lives alone or with someone else — all of these factors will determine her drinking behavior. Perhaps more women in the workplace than housewives will drink heavily because there are more women with disrupted marriages in the workplace, and perhaps the economic responsibilities as head of the family and the mother of young children play a decisive role.

Considering the heterogeneity of the female population, the varied reasons women work, and the nature of employment ranging from unskilled labor to high-level professional and executive jobs, it is small wonder that the results of surveys about working women versus stay-at-home women and their drinking behaviors are so ambiguous. Some of the findings of these surveys are presented in Table 1. Generally, it appears that whether women who work outside the home are more frequently social drinkers than are housewives relates to level of employment. Blue-collar women are *less* frequently social drinkers than their housewife counterparts, but women in white collar, managerial and professional jobs are *more* frequently social drinkers than their housewife counterparts. What has been called "conditions of employment" (Parker et al., 1980) seems most relevant to the question of drinking. There are differences among women in the proportion of social drinkers by socioeconomic status, and this status, based on educational and income level, is also linked to occupation.

TABLE 1 — Social and Heavy Drinking by Women In the Workplace and Other Women

Author(s)	Sample	Proportion of Drinkers among Working Women and Others	Proportion of Heavy Drinkers among Working Women and Others
Slaasi et al. 1973	937 UAW members	23% of working women 60% of "national sample"	38% (of those who drink) were heavy drinkers 8% of "national sample"
Johnson, 1982	NIAAA national survey of 1141 women, 18 and over	59% of working women 50% of women at home	27% of married workers 26% "separated" workers 17% unemployed, separated women 17% of those "not in workforce"
Celentano & McQueen, 1984	1100 Baltimore women	72% of employed women 56% of "not employed" women	9.4% of employed women 6.8% of nonemployed women
Wilsnack et al. 1984	917 women, national survey	62% of married employed women 57% of married housewives	4% of married employed women 6% of married housewives
Shore, 1985	147 women in business/professional jobs	97% of business women 62% of women in "national surveys"	11% heavy drinking rate
Gomberg, 1986	301 alcoholic women in treatment and 137 matched control women[1]		**Work Status** Working: 53% of alcoholics 77% of controls Unemployed: 19% alcoholics 6% of controls Housewives: 27% of alcoholics 17% of controls

When the available data are interpreted, some perceive the young, nonmarried working women as at high risk for heavy or problem drinking, while others emphasize the risks for the married woman worker with children at home (Nadeau, 1984). Some emphasize the risks for the higher status-achieving women.

The last study presented in Table 1 is not a survey of working women and housewives, but it is relevant. A higher proportion of unemployed women and housewives were found in a sample of alcoholic women recently interviewed and there were fewer alcoholic women in the workplace than there were in a group of age-matched, social class-matched nonalcoholic women (Gomberg, 1986). These results probably show a *consequence* rather than an antecedent of heavy, problem drinking: the heavy drinking of the alcoholic women created a situation in which they were less able to maintain work outside the home than a group of similar women who were not alcoholic.

A postscript: because the role of housewife has been the traditional role, there has been an assumption that the home is "a stress-free sanctuary" (Baruch et al., 1987); on the other hand, in the early days of feminism it was assumed that leaving home for the workplace was a form of liberation which promoted mental health. How these assumptions related to alcohol consumption is unclear but it is evident that acknowledging the heterogeneity of women and their motivations for working outside the home is a good place to start.

THE CONTEXTS OF WOMEN'S DRINKING

Surveys usually limit their questions to quantitative estimates about the amount and frequency of alcohol consumption; less likely to be asked are questions about the social setting in which alcohol is consumed, the place and people present, the type of beverage, and the occasion. That there are particular social class customs and ethnic patterns of drinking is clearly true (Bennett and Ames, 1985). Furthermore, the private versus public behaviors allowed are relevant, "with female drinking sometimes allowable at home, but not elsewhere" (Heath, 1985). There is a continuum from private to public: drinking at home, with friends or significant others at home, drinking in other peoples' homes, at parties and social events, in cocktail lounges and bars, drinking while traveling by train or aeroplane, etc. It has been established that women are more likely to drink in private settings and men in public settings, and this is true not only of social drinking but of heavy abusive drinking by each gender as well.

There have been studies which suggest that young men are more likely to be influenced by the drinking of other young men than young women are to be influenced by the drinking of other young women, but there are little data about the influence of young men's drinking on the drinking of young women (Marlatt, 1986). Gender differences in expectations about alcohol effects have been demonstrated: males appear to anticipate more sexual arousal and aggressive behavior and indeed show such response in fantasies produced while drinking (McClelland et al., 1972); females look on the effects of alcohol in a positive way but manifest more anxiety when drinking with males. It is interesting that women show more anxiety when drinking with men but men show less anxiety when drinking and interacting with women (Marlatt, 1986): Perhaps women's anxieties mount because they perceive alcohol as a sexual disinhibitor?

There are reports which indicate that, among adolescents, heavier drinking is likely to occur in the context of the teenage party where adults are not present. When alcoholic women in treatment facilities were asked about drinking in early adolescence, 9% reported drinking with an adult present compared with 20% of the nonalcoholic women; for alcoholic women in their twenties, 84% reported early adolescent drinking with peers whereas, for alcoholic women in their thirties, 62% reported their early drinking with peers, and 52% of the alcoholic women in their forties reported early drinking with peers (Gomberg, forthcoming).

Generally, girls more often drink at home and drink lightly, whereas boys are more likely to drink in the heavier drinking context of same-sex peer groups outside the home (Harford, 1984). In college, male drinking in heavier drinking contexts remains stable while lighter drinking contexts increase, and among women college students, heavier drinking contexts decrease while lighter drinking contexts increase (Wechsler and McFadden, 1979).

Studies of the adult population support the predictable gender difference: women are less likely than men to drink in public settings associated with heaviest drinking, i.e., bars and taverns. A Canadian study differentiated between "beer parlors" and cocktail lounges, the former being frequented more by men while patrons in cocktail lounges included almost as many women as men (Storm and Cutler, 1981). In this study, most women were observed drinking with men and only very rarely with another woman (one wonders if there would not be more woman/woman drinking if luncheon sites were observed). The observation has been made in a number of different reports that women most likely to be drinking in public places are those who are young, not married, and employed.

This does not say anything of drinking at parties. The evidence that women drink more when men are present in a drinking situation is ambiguous but it would be useful to know more about male/female drinking at private parties and about dyadic drinking at home. There has been some writing about the transmission of heavy and problem drinking from male to female but the *processes* are unstudied. There are anecdotal reports of male pressure to drink on women college students at parties. Since women may drink more heavily in a party setting than in a public drinking place, more information is needed about the kinds of parties, the age groups involved, the gender composition, the availability of food, accompanying music and dancing, etc. Some situations in which women party and drink without men being present has also been reported anecdotally: groups of young women driving about in cars with six-packs of beer, a gift-giving party for someone who is getting married, and similar all-female situations.

Drinking Behaviors of Significant Others

Women's drinking is strongly linked to the amount and patterns of drinking of people in their social environments. It has been observed for decades that women with drinking problems are much more likely to have a husband or lover who is a heavy drinker than alcohol-abusing men are likely to have a heavy drinking wife or lover (Lisansky, 1957). There are also supportive data that women in the general population drink like their husbands or lovers: a 1981 national survey showed that women are likely to drink lightly, moderately or heavily in line with the way their husbands or lovers drink (Wilsnack et al., 1984). Nor is the influence of significant others confined to heterosexual relationships: women drink much as their siblings or closest friends (male or female) do. The relationship between women's use of alcohol and the drinking patterns of her associates raises a question: are women likely to emulate the drinking behaviors of people in their social environment or do they seek out people who drink as they do? Do women alcohol abusers gravitate toward others who drink heavily? The stereotype of the alcohol-abusing woman has been that of a closet drinker, drinking at home alone. Some recent evidence suggests that alcohol-abusing women, particularly young women, avoid their lighter drinking friends and narrow their contacts to drinking companions (Gomberg and Schilit, 1985).

The hypothesis that women are influenced by primary relationships in the development of their drinking patterns has a good deal of clinical support: more women alcohol abusers than men report heavy or problem drinking in their families of origin. This could suggest a stronger genetic influence but it also suggests that the presence of an alcoholic while a child is growing up may have an even more deleterious influence on girls than on boys.

Linked to the question of the drinking behavior of significant others is the relationship of domestic violence and high levels of alcohol consumption (U.S. NIAAA, 1987). Although the association of battered women and heavy drinking husbands is reasonably clear, the linkage between heavy drinking in the family of origin and incest, child abuse, and sexual abuse needs further investigation.

INTOXICATION

Intoxication, as used here, does not refer to *habitual* excessive drinking which is frequently involved in alcoholism, but to *occasional* drunkenness. There is apparently no disagreement that there is greater stigma attached to female intoxication than to male. Starting with the Talmud:

> One cup of wine is good for a woman;
> Two are degrading;
> Three induce her to act like an immoral woman;
> And four cause her to lose all self-respect and sense of shame (Epstein, n.d.).

Virtually everyone who writes about female drinking and female alcohol abuse comments on the double standard of societal attitudes toward intoxication. In a historical review, Lender calls this double standard "a special stigma" (Lender, 1986). In early writing about women and alcohol, it was noted that alcohol-linked behaviors represent "the breaking of stronger taboos" for women (Lisansky, 1958). A recent report about changes in drinking behaviors and attitudes in the state of Iowa from 1961 up to the 1980s notes "some erosion" but found, by and large, that the double standard persisted over the years (Mulford and Fitzgerald, 1983). The double standard is probably universal among population subgroups in the United States; the Black double standard is described by Gaines (1985): "[I]t was considered totally unacceptable for a female to appear drunk in public. Such behavior appears as the *sine qua non* of moral bankruptcy" (p. 183). Nor is the double standard an American phenomenon. It appears in the United Kingdom (Litman, 1980), in Austria (Honigmann, 1979), and presumably throughout the world.

There have been a number of research reports about popular attitudes toward drunkenness (Knupfer, 1964; Stafford and Petway, 1977; Mulford and Fitzgerald, 1983) and a recent scholarly series of reviews about drinking in many different American subcultures is summarized, insofar as gender comparisons go, as a double standard where men are allowed to drink, sometimes to excess, but women are "condemned for similar behavior" (Heath, 1985).

What are some of the possible explanations of this double standard? The most frequently given explanation is the common anxiety that women, when intoxicated, will *act out sexually*. Heath (1985) links the double standard with "the presumption that a woman who drinks would also be wanton and sexually promiscuous" (p. 473).

The frequently repeated "Candy is dandy but liquor is quicker" implies that women may be more sexually available when alcohol is present. Some evidence suggests that this is a common male attitude. Women also believe in alcohol as sexual disinhibitor because they report feeling more sexual arousal when alcohol and erotic stimuli are combined although there is objective evidence of less physiological arousal (Wilson and Lawson, 1978). That this may arouse anxiety (alcohol as sexual disinhibitor) is indicated by women's showing more anxiety when drinking with men (Marlatt, 1986).

The other side of this coin, and another explanation for the double standard, is the *increasing vulnerability* of women to sexual assault when they are drinking. That women and alcohol produce a greater likelihood of rape has been contended for a long time (Karpman, 1948) and it is of great interest to compare social and legal attitudes when the sexual offender has been drinking and when the rape victim has been drinking (Marolla and Scully, 1979). This may be seen as a form of "cultural protection": if the woman does not drink in public places or in large quantities, she is less vulnerable to male sexual aggression.

One explanation for the double standard about heavy drinking is in terms of *impaired role behavior in nurturance*. Child et al. (1965), in a cross-cultural study, concluded that drunkenness was more "threatening" in women since the fulfillment of their responsibilities, e.g., child care, could not be deferred. Drunk women, compared with sober women, are more likely to be called "selfish" (Stafford and Petway, 1977), suggesting egocentricity and impaired nurturing ability. The whole question of fetal alcohol effects, the pregnant woman who drinks and thereby damages her unborn fetus, is part of the explanation of impaired nurturance.

There is still another explanation, little mentioned, and that is in terms of alcohol as *disinhibitor of aggression and anger*. The image of a lady does not include belligerence and women have been seen traditionally as the maintainers of law and order. Although becoming intoxicated is often associated with acting out behaviors among women, it has been little studied. It is graphically described in the comments of the manager of a famous restaurant. Asked about the most embarrassing thing that can happen to someone in the restaurant business, he answered:

> Having to deal with drunks. I can cope with an inebriated man, but when a lady gets tipsy, it's a different kettle of fish. How can you tell her to lower her voice or calm down? If you do, chances are she'll start swinging (Family Weekly, 1981).

The negative view of female intoxication is shared by men and women alike, and it is widely held by alcohol-abusing women themselves. Curlee (1967) pointed out that even for alcoholic women, a statement like "there's nothing so disgusting as a drunk woman" is not unusual. In a recent study of alcoholic women in treatment facilities and matched nonalcoholic women control subjects, 51% of the alcoholic women and 36% of the controls agreed with the statement, "A woman who is drunk is more obnoxious and disgusting than a man who is drunk" (Gomberg, 1988). Interestingly enough, the younger and the more traditional older alcoholic women differed in their attitudes: only 36% of the alcoholic women in their twenties and 46% of the women in their thirties agreed with the statement, but 71% of the alcoholic women in their forties agreed with the statement.

ALCOHOL ABUSE AND ALCOHOLISM

Occasionally, there is reference to an "epidemic" of women's alcohol problems. The term is exaggerated because there is no real evidence of a significant increase in rates of female alcoholism. Since midcentury, when the percentage of American women who drink rose, the proportion of women in the United States who drink has remained fairly stable: surveys suggest about 60%. It is true that females, like males, begin drinking at an earlier age than was true a generation or two ago and it is also true that the percentage of female high school and college students who drink has increased. Trends in the opposite direction include not drinking at all during pregnancy (in response largely to educational campaigns about fetal alcohol effects), concerns about health and diet, and an expanding proportion of the elderly female (and male) population which has fewer social drinkers.

The real question is whether beginning to drink at a younger age, high school and college drinking parties, and a higher rate of heavy-frequent drinking among those in their twenties, predict future increased rates of alcoholism. Fillmore (1984) pointed out that the youngest cohort she studied, women in their twenties, "seem to show a much higher rate of heavy-frequent drinking than past cohorts measured at the same age, particularly among the employed" (p. 31).

In all national surveys of drinking behavior, the largest number of *adverse consequences* is reported for the 21- to 34-year-old age group, both female and male. Groups of women *at highest risk* seem to be those with heavy drinkers in their social environment, those who are single, cohabiting or maritally disrupted, and those who are unemployed, seeking work or part-time employed (Wilsnack et al., 1984). The group which shows the highest proportion of heavy drinkers among women is 35 to 49 years old and this is the age group most represented in treatment facility populations. There has been a trend toward use of treatment facilities by younger women and men but it is an interesting commentary on life cycle and life stages that people get into more *alcohol-related troubles* in their twenties but are more likely to manifest *alcoholism* in their thirties and forties.

There are more facilities for women alcoholics than there used to be, and facilities for women are probably more used than they were in earlier decades. While the stigma remains, the willingness to seek treatment has increased, in part because of the publicity given to well-known women who have sought treatment for alcohol and other drug problems. Whether prejudice about the female alcoholic has decreased among caretakers is not known but there has been federal action: in 1984, Congress passed Public Law 98-509, which includes a provision that has come to be known as the "five percent women's set-aside of the Alcohol, Drug Abuse and Mental Health Services (ADMS) block grant" (National Council on Alcoholism, 1987). The states are required to allocate not less than 5% of the total block grant allotment to initiate and expand services for women. Private facilities, too, have been aware of the need and pressure for women's services.

The ratio of men to women in alcoholism treatment facilities varies with the kind of treatment involved. Women tend to utilize physicians' services more than men do and when last surveyed (Jones and Helrich, 1972), the ratio of male:female alcoholism in physicians' offices was 1:1. Outpatient clinics and national surveys of treatment centers have consistently reported a 4:1 ratio during the 1970s and 1980s. Some state hospitals in the midwest report a 9:1 ratio. Counts of new members of Alcoholics Anonymous, on the other hand, have indicated a third of new members to be women, a ratio of 2:1. And if counts are made not by admissions to treatment but by alcohol-related difficulties such as arrests or alcohol-related illness, male to female ratios vary widely, too.

The early writings about female alcoholism emphasized the *heterogeneity* of women alcoholics, e.g., in 1937 Wall described women alcoholics as "more highly individual" than men alcoholics. It is true that both women and men alcoholics will show variability depending

on age at onset, on social class and income status, on ethnic or religious group membership. But the emphasis on variability among women alcoholics goes beyond these demographic subgroup differences. There is reasonable uniformity in the social role prescriptions for *men*: childhood, schooling, work and marriage through the middle years to old age. For women, social roles are more variable: some women work outside the home all their adult lives, some marry and stay at home, some have children, some work intermittently, and work choices are inevitably related to economic status, marital status, parental status, education. Whether the greater variability among women has a biological base or not, it has been observed for a long time (described by Shakespeare as "her infinite variety"). Among women alcoholics, whether the greater variability describes their drinking histories, the antecedents and consequences of their alcoholism, or their response to treatment, is not clear.

In addition to possible gender differences in variability, a caveat is appropriate here. In describing women alcoholics—the course of events, the characteristics, the consequences—the information available in the research literature is based on *those women who make themselves available for study*, i.e., they are present in facilities where they can be studied, interviewed and tested. Groups of women alcoholics who are underrepresented in treatment facilities (women in poverty, minorities, rural populations, disabled women, etc.) may have rather special histories and special needs. Community surveys have yielded some information, e.g., the proportion of lower-income women who drink socially is less than the proportion of middle- or upper-income women who drink socially, but of the lower-income women who do drink, the proportion of heavy drinkers is greater than it is for middle- or upper-income women, up to age 60 (Cahalan et al., 1969). With this caveat and reservation, antecedents, manifestations and consequences of female alcohol abuse will be described.

Antecedents of Female Alcohol Abuse

Antecedents may be thought of in terms of the characteristics of "high-risk groups," i.e., groups of women who, in surveys, appear to be vulnerable to alcohol abuse, or in terms of life history events and responses given by women retrospectively after they have become alcohol abusers.

High risk includes:

- women with a family history of alcoholism
- women who are cohabiting
- women who are on their own: unmarried, divorced, separated
- women whose spouse, lover, closest friend or sibling is a heavy or frequent drinker
- women who are unemployed and looking for work

Women do seem to be more vulnerable to the impact of alcoholism among their relatives than men (Armor et al., 1978; Cotton, 1979). When men and women alcoholics are asked about a family history, almost invariably women report more frequently the presence of a positive history than do men (Gomberg, 1980), and, as might be expected, alcoholic women report more frequently a positive family history than do nonalcoholic women of similar social background (Gomberg, 1986).

Antecedents need to be thought of in terms of a grid which includes different life stages as one dimension, and different factors such as biological antecedents, personality antecedents, sociocultural antecedents as the other dimension (Gomberg and Lisansky, 1984). A recent Michigan study of 301 alcoholic women[1] has pointed up a number of relevant items:

1. There are significant differences between the alcoholics and a matched, nonalcoholic group of women (same age, same socioeconomic class of family of origin, same geographical area) in that alcoholic women had significantly more fathers, mothers and siblings who were heavy or problem drinkers (Gomberg, 1986).

2. When alcoholic women and the control group are compared on reports of early life *events*, e.g., not living with both biological parents, poverty, illness in the family, mother working outside the home, etc., there are no differences (poor economic situation while growing up *was* reported more frequently by alcoholic women, probably related to the more frequent incidence of problem drinking in the family, but the difference was not statistically significant). Alcoholic women do report significantly more often that the adults in the family of origin "did not get along well."

3. When alcoholic women and the control group are queried about *affective response* during childhood, strong significant differences emerge: feeling unloved and unwanted, feeling ignored, feeling not close to mother, and intense conflict with parents, are more often reported by alcoholic women. In measures combining items related to childhood unhappiness, alcoholic women report significantly more depression during their childhood.

4. *Behavioral and emotional problems* in early life are reported significantly more frequently by the alcoholic women than by the matched group. Significant differences emerge in the report of early childhood problems: temper tantrums, enuresis, phobias, nightmares and "nervous problems." Alcoholic women also reported significantly more often feelings of loneliness, boredom, embarrassment, conflict with parents and "nervous problems" during their early adolescence.

5. In measures which include tantrums, runaways, enuresis and dropping out of school, i.e., in measures of *impulse control*, the alcoholic women reported significantly more problems than did the matched control women.

6. Alcoholic women in treatment who are in their twenties and thirties show more behavioral and emotional problems and difficulties in impulse control than their age peers. The comparison of alcoholic and nonalcoholic women is less striking with later-onset women, i.e., alcoholic women in treatment who are 40 years of age and older and their age peers.

7. Predictors of *early onset of alcoholism* in women which showed some strength include: age at first intoxication, use of drugs other than alcohol in early adolescence, childhood temper tantrums, and reports of unhappy childhood.

8. *All* the women showed generational differences in first drinking experience. The younger the woman, the earlier the age at which she had had her *first drink*. There are differences between alcoholic and nonalcoholic women in the contexts of early drinking: asked about early adolescence (13 to 15 years of age), the control group reported drinking with adults present more frequently, and the alcoholic women report drinking with peers or alone more frequently; the differences were statistically significant.

9. The alcoholic respondents reported leaving school, leaving home, and getting married at significantly younger ages than the control women.

10. There is not much evidence of a *specific precipitating trauma* which dates the onset of heavy drinking for the alcoholic women. It is a reasonable hypothesis that similar *stresses* occur in most women's lives but for vulnerable women, there is greater *experienced distress* (Holubowycz, 1983). There is some support for Allan and Cooke's (1985) view that "heavy drinking produced an increase of stressful life events rather than vice versa." The duration of alcoholism, computed from the alcoholic women's estimate of the age of onset, is 6.9 years for the 301 women; asked about events which have occurred in *the last two years*, alcoholic women report significantly more problems at work, problems with a man, "empty nest," arrests, and more violence directed toward them (assaults, robbery) than the control women. This suggests that more traumatic events occur as a *consequence* of the alcoholism.

11. Since alcoholic women report heavy or problem drinking by husband or lover to a greater extent than alcoholic men report such drinking by their partners (Lisansky, 1957), it is a safe assumption

that alcoholism transmits from male to female more often than it does from female to male.

Manifestations of Female Alcohol Abuse

In discussing behaviors associated with alcoholism, usually male and female alcoholics are compared. Although there have been some shifts, by and large it remains true that girls begin drinking at a later age than boys. It also appears to be true that women alcoholics date the onset of their alcoholism, on the average, later than do male alcoholics. The term "telescoping" has been used to describe "a more rapid development of symptoms" by women (Taylor and Helzer, 1983). Since onset occurs somewhat later and since women appear at treatment facilities at about the same ages as do men, the reasoning is that they have gone from onset to their state at admission more rapidly than have male patients.

Alcoholic women drink alone more often than alcoholic men and, when they drink with others, it is likely to be someone close to them. The younger the alcoholic woman, the more likely it is that she does much of her drinking in public places like bars and cocktail lounges (Gomberg, 1986). Drinking at home is more characteristic of the middle-aged woman alcoholic, but the stereotype of the woman alcoholic as a closet drinker, drinking at home alone, is not really a universal picture. Women alcohol abusers do drink at home and they do drink alone more than do men, but young women alcohol abusers are likely to be drinking in public places, and middle-aged alcohol-abusing women report drinking "with a man" as often as drinking alone. That means that their drinking is not as concealed or hidden as the stereotype would have it.

Although it has not been verified recently, past work suggested that women alcoholics did less binge drinking and morning drinking than men and tended to have shorter drinking bouts (Rimmer et al., 1971). Age comparisons in a sample of 301 women alcoholics in treatment facilities showed no age differences in daily or weekend drinking but significant age differences do appear in binge drinking (defined as "drinking steadily for at least several days and then stopping for a time"); 59% of women alcoholics in their twenties, 50% of those in their thirties, and 38% of those in their forties reported such binge drinking.

There is a good deal of evidence that women alcoholics tend to be more frequently users of other psychoactive drugs, particularly the minor tranquilizers, than are men. Gender differences in the use of psychoactive drugs which include amphetamines, antidepressants, and a host of prescription and nonprescription drugs, appear in the general population and also among alcoholics. Polydrug use is increasingly frequent among those presenting themseves at treatment

facilities but it has always been a problem with women alcoholics, creating a high risk situation because of drug potentiation.

It is stated occasionally in the clinical literature that women display more denial of their alcohol-related problems and their heavy drinking than do men. While no one has really measured the extent of denial and the gender differences among alcoholics, it would hardly be surprising if women did tend to greater denial of alcohol problems than men. The disapproval of female intoxication and alcoholism is more intense than of male intoxication and alcoholism (Knupfer, 1964), and recent work shows that women alcoholics are even harsher in their judgements of female intoxication and alcoholism than women in general (Gomberg, 1988a). On the other hand, a view long held in alcoholism studies was that female alcoholics were more difficult to treat and had poorer prognosis than male alcoholics; this characterization of women problem drinkers as "worse" than male problem drinkers (Karpman, 1948) may be resurfacing when it is implied that women are more likely to deny the problem of alcoholism. Clearly, the inference is that more denial makes for more problems in treatment.

Several investigators have reported a higher rate of suicidal ideas and "delusions" among female alcoholics than among males (Winokur and Clayton, 1968) and more psychiatric symptoms in general (Dahlgren, 1978). A great deal has been written about the relationship between affective disorder and alcohol problems of women and it has been assumed that there is a stronger relationship between depression and female alcoholism than between depression and male alcoholism. Considering that in most population samples, men tend to be more often diagnosed as sociopathic or antisocial personalities than women, and women tend to be more often diagnosed as depressed than men, it would hardly be surprising to find the same gender differences in alcoholic population samples. Whether differences in psychiatric symptomatology of men and women alcoholics exist remains a question. In an epidemiological study, 70% of respondents who had been diagnosed as alcoholic in the past had also been diagnosed as having at least one other psychiatric disorder (primarily affective disorder) but *no* gender differences were found (Weissman et al., 1980).

Gender differences in patterns of dual diagnosis have been little studied. In a sample of 71 alcoholic women, Halikas et al. (1983) found 56% to have other psychiatric diagnoses: 28% had been diagnosed as having affective disorder, 19% antisocial personality, 10% neuroses, and 6% as manifesting psychotic symptoms. The different patterns of dual diagnosis of women are associated with differences in prognosis: a one-year follow-up study of alcoholics assessed with

the National Institute on Mental Health Diagnostic Interview Schedule and DSM-III criteria, reports:

> For women, having major depression was associated with a better outcome in drinking-related measures, while antisocial personality and drug abuse were associated with poorer prognosis (Rounsaville et al., 1987, p. 505).

The question of dual diagnosis is still unresolved. One confounding aspect is the extent to which women manifest psychiatric symptomatology *at admission*; a history of heavy drinking with its biological and psychosocial effects and the crisis conditions which frequently precipitate entrance into treatment suggest that there will be a disturbed psychiatric picture at admission. It has been pointed out, in a study of alcoholic women in treatment, that, "psychiatric symptoms are very common as they enter treatment but subside markedly when drinking stops" (Corrigan, 1980).

Suicide attempts, which occur with striking frequency among alcoholic women (Gomberg, 1986) are usually linked to depression. But suicide attempts usually result from a combination of depression, anger and impulsivity—and that would appear to be relevant to the frequently reported suicide attempts of alcoholic women.

CONSEQUENCES OF FEMALE ALCOHOL ABUSE

Medical Consequences

Research data indicate that medical complications which result from heavy drinking are accelerated among women alcoholics compared with men alcoholics. Chronic alcohol abuse exacts a heavier price in health consequences for alcoholic women: they show a significantly *shorter duration* of heavy/problem drinking than do men before the development of fatty liver, hypertension, obesity, anemia, malnutrition, gastrointestinal hemorrhage or ulcer (Hill, 1986). In addition to morbidity, alcoholic women show high rates of mortality compared with alcoholic men.

Alcoholic women in treatment have four times the death rate of women in the general population and the major causes of death in a St. Louis sample of alcoholic women were liver disease, violence, cancer of the head, neck and breast, circulatory disorders and respiratory disease (Smith et al., 1983). Explanations of the gender differences in vulnerability are sometimes made in terms of an interaction of estrogen and alcohol which damages the liver, and sometimes in terms of a gender-related immune response which makes women more vulnerable to liver damage (U.S. Public Health Service, 1985).

In addition, women who drink heavily or alcoholically have more gynecological problems than abstainers or lighter drinking women. In a comparison of alcoholic women in treatment facilities with age-matched nonalcoholic women, the former group reported significantly more hysterectomies and a borderline-significant greater number of miscarriages.

It has long been known that suicide attempts among alcoholic women occur significantly more frequently than among nonalcoholic women (Gomberg, 1986). Alcoholic women also complete suicide at a significantly higher rate than nonalcoholic women and they are at greater risk for suicide than are alcoholic men.

The medical consequence which has received most public attention is the effect of alcohol on the developing fetus. Although the fetal alcohol syndrome occurs relatively infrequently, there is a spectrum of effects, including spontaneous abortion and low birth weight, to fetal alcohol syndrome and perinatal mortality. Since no one has defined "safe drinking" during pregnancy and since even small amounts of alcohol may affect the developing fetus, no alcohol intake at all during a pregnancy is the wise course. Clearly, fetal effects are linked to heavy consumption of alcohol but it should be noted that heavy drinking women are also more likely to smoke and use other drugs than light drinking women. Advice about sensible caution during pregnancy should include warnings about nicotine and other drug substances.

Social Consequences

Women tend to remain in *alcoholic marriages* where the husband is alcoholic to a greater extent than men remain in marriages where the wife is alcoholic. This generalization comes from the reports of marital disruption by men and women who are in treatment facilities. Although rejection and abandonment of heavy drinking women occurs often, there are also many marriages in which the husband does not divorce or abandon the alcoholic woman (Corrigan 1980). Perhaps some of those women who come to treatment are more likely to appear because of a supportive spouse but when men and women alcoholics in a treatment facility are compared, the women tend to report divorce and separation more frequently than do the men.

The relationship of *age* to the social consequences of heavy drinking are little studied. The youngest group of alcoholic women interviewed in a recent research study, those in their twenties, report difficulties with parents more frequently than the older women alcoholics; considering that younger women are more likely to be involved with their family of origin, it is no surprise that they report more quarrels with family members and poor communication with parents (Gomberg, forthcoming).

In the same study, 70% of the alcoholic women in their thirties and 95% of those in their forties had borne children. They are vulnerable to a widely held opinion that alcoholic mothers are more damaging to children than alcoholic fathers. Evidence on this point is mixed. Some studies report alcoholic mothers to be unstable and to neglect their children (Krauthamer, 1979; Williams, 1982), while others found little difference between families with an alcoholic mother and families with an alcoholic father (Bromet and Moos, 1977; el Guebaly et al., 1978). This question of relatively greater damage is unresolved but two additional points are worth noting. First, a larger proportion of alcoholic women do not have their children living with them than is true of nonalcoholic women: in the study noted above[1], 22% of the alcoholic women did not have their children living with them compared with 10% of the nonalcoholic women. In an earlier study, 23% of alcoholic women in an outpatient clinic reported that they were not raising their children (Lisansky, 1957). Second, most alcoholic women who are mothers feel guilty about their mothering: in the current study 84% felt that they set a bad example for their children, and when their views about being a good mother were compared with those of the nonalcoholic control women, they had poorer opinions of their mothering (Gomberg, 1988c).

Additional social consequences of female alcoholism come in impaired relationships with relatives, friends and neighbors. Social networks which preexisted the heavy drinking may erode as women either withdraw socially or narrow contacts to drinking companions. There may be increasing preoccupation with alcohol and a narrowing focus on drinking activities. There may be effects of the heavy drinking on sexual activity and libidinal interest. All interpersonal relationships are bound to be affected by continued heavy drinking.

Job-Related Consequences

Traditionally, job-related consequences of heavy drinking have been linked with male alcoholism and pretty much ignored as related to female alcoholism. Discussions about women and the workplace have emphasized stress on the job, dual-role issues and the frustration of low-status jobs, i.e., work-related stresses as *antecedent* to drinking problems. It has been a popular view that as women took on the stresses of high-level jobs, they would drink like men, but the evidence does not support that view (Celentano and McQueen, 1984; Shore, 1985). The question is not frequently studied or discussed: What is the impact, the job-related *consequence*, for women who drink problematically? The usual response in the writing about female alcoholism in the workplace is that women are more readily fired or more likely to resign and withdraw when approached by an employee assistance program person. That may be true, but there is little hard evidence.

Women with alcohol and drug problems are underrepresented in referrals to employee assistance programs, and the explanations for this have been sought in supervisors' attitudes toward women and toward female alcoholism. Recent work has suggested that such attitudinal factors are only "marginally" related to the likelihood of supervisor referral (Young et al., 1987). Supervisors' attitudes toward the program and the number of employees they supervise seem to be the best predictors of identification and referral of problem drinkers, both female and male.

The employment history and status of the 301 alcoholic women in treatment compared with nonalcoholic women matched for age and socioeconomic class background[1] showed fewer alcoholic women working (53% compared with 77% of the nonalcoholic women) and more of the alcoholic women unemployed or working as housewives (Gomberg, 1986). Significantly, the alcoholic women who were employed were working at lower status jobs than the nonalcoholic women. Both alcoholic and nonalcoholic women reported similar treatment by co-workers and similarly reported that they often felt as if they have more to do than they could handle. However, 27% of the alcoholic women and only 7% of the nonalcoholic women reported *boredom* at work and this difference can be interpreted in several ways: less responsible work assignments, more demand for stimulation, or the perception of work as less interesting than alcohol.

Of the 165 alcoholic women who were employed, 47% said that they had lost time from work because of their drinking. Drinking at work was reported by 36% of craft/operatives, 21% of clerical and sales employees, and 13% of professionals and managers (Gomberg, forthcoming). A third of the employed alcoholic women had received warnings at work because of their drinking but only 3.6% were pressured to get help. These results suggest that the employers (or their surrogates) were aware of the drinking problems but remained relatively passive; this is consistent with the underrepresentation of women in employee assistance programs.

Age differences appeared in the work-related, drinking-related consequences: the women in their twenties reported significantly more problems such as losing time from work, warnings at work, and other troubles at work. The proportion of alcoholic women in the workplace was different for those in their twenties, thirties, and forties, but of those working, most work-related difficulies were reported by the youngest group and least by the middle-aged group. It would be important to know if there are similar age differences in work-related difficulties for alcoholic men.

Legal Consequences

When a large sample of men and women involved in alcohol-related automobile accidents were compared, the women were younger, more likely to be divorced or separated, and more likely to be living alone with their children (McCormack, 1985).

Probably because of the increased visibility of their drinking, the younger alcoholic women in the Michigan study reported more automobile accidents, arrests and trouble with the police.[1] Among alcoholic women in their twenties, 47% reported automobile accidents, compared with 32% of those in their thirties and 25% of those in their forties. Arrests were reported by 42% of alcoholic women in their twenties, 20% of those in their thirties, 21% of those in their forties. Asked about getting into trouble with the police because of their drinking, the percentages are 33%, 14%, and 17%, respectively.

The greater likelihood of the younger group of alcoholic women to have legal consequences does not speak to the question of accidents and arrests of male versus female alcoholics, but it is true that male alcoholism, being more public, more often leads to legal consequences. It is also a tenable hypothesis that the gender differences are smaller when young men and young women are being compared than when middle-aged alcoholics are being compared.

There appears to be a complex of drinking-related behaviors and consequences: younger alcoholic women are more likely to be drinking in public places and they are more likely to be in the workplace; the greater likelihood of getting into trouble might well be related to this visibility. However, the question of different social attitudes toward the young female heavy drinker and the middle-aged heavy drinking female should be raised: contrary to the opinion that middle-aged female alcoholism is tolerated less, it appears that young women who drink heavily and problematically evoke more rejection and more negative responses than do the older women.

TREATMENT

It was customary to write until recently that women alcoholics had poorer prognoses than men alcoholics, but the data were, and are, equivocal. One gender comparison which has remained consistent is the more frequent report of heavy or problem drinking in the family of origin of women as compared with male alcoholics; whether this reflects the sensitivity of women to their social environment or whether this is simply a case of better reporting is not known. What is constantly reported about women alcoholics is low self-esteem, although clearly, such feelings may as readily be a consequence of alcoholism as an antecedent.

In spite of the paucity of research and the major methodological problems involved in the research that is available, a combination of information about women alcoholics, and common sense, do permit a number of recommendations.

1. The importance of *a thorough assessment* cannot be overemphasized. Such an assessment must include a thoroughgoing drinking history: early use, onset of heavy use, temporal and contextual patterns of alcohol use, effects within the family and at work, and presence or absence of psychiatric symptomatology such as phobic disorder, depression, etc. The assessment should also include a physical examination and an evaluation of health problems; it has been pointed out that women enter treatment "with significantly poorer physical health" than men (Smart, 1979). Finally, the assessment must include an evaluation of intact social networks and social resources since these may be critical areas for rehabilitation.

2. The evaluation of *current marital status* is critical, and this includes information about the drinking behaviors of the spouse. More women will enter treatment with a history of marital disruption than will men. Although women living on their own (single, divorced, separated, widowed) tend more toward social interactions which encourage or facilitate heavy drinking than do married women, it is important to note that being married is consistently a good prognostic sign for male alcoholics, but not necessarily for women alcoholics (Cronkite and Moos, 1984; Robinson, 1984). Since alcoholic women are more likely to be living with a heavy drinker, the return to such a relationship would not support sobriety and aftercare.

3. Women alcoholics frequently focus *guilt feelings on their relationships with their children* and are likely to agree with the stereotype that alcoholic mothers have a more destructive effect on children than alcoholic fathers (Gomberg, 1988). Since the maternal role is very important to most alcoholic women who have had children, two recommendations follow: the necessity of childcare provisions so that children can be cared for when the mother comes for treatment and aftercare, and open discussion of guilt and effective parenting in women's therapy groups.

4. *Contact with adjunctive services*, e.g., beauticians, lawyers and vocational advisors, is critical. Services which are involved in health promotion, i.e., services involving encouragement of exercise and wholesome diet, are relevant.

5. Whether the treatment facility is specifically for women only or not, *an all-female group which meets regularly* is essential. Most coeducational treatment facilities have many more male patients

than female and some of the literature on male-to-female relations in group therapy indicates that the preponderance of men often results in traditional, male-dominant sex role interactions. The ideal might be participation in *both* coeducational and all-female groups. Participation in the coeducational group should encourage the examination of interaction with the opposite sex and the patterns of coping with male behaviors. Participation in the all-female group should stimulate the examination of attitudes toward mothers, age peers, female siblings, and daughters. Women who develop alcoholism seem to have a history of problems in relation to their mother, i.e., a lack of closeness, and to have less gratifying relationships with other girls in their adolescence (Gomberg, 1986), and prognosis is better when these issues are dealt with.

6. Where there is an intact family (whether it is the alcoholic woman's parents or siblings or spouse or children), *family therapy* is critical. There is almost always a history of family tensions before the onset of heavy drinking and it is inevitably true that the drinking has eroded family relationships. Facing these issues and working out tensions is critical to return to a family life supportive of continued sobriety.

7. The recommended family therapy is part of a whole process of *resocialization*. This is a very difficult problem in dealing with young alcoholics since often there are few nonalcoholic social networks to reactivate: adolescent and young adult alcoholics, both male and female, have usually been part of drinking social networks so, in an important sense, relationships and groups must begin *de novo*. In general, self-help groups like Alcoholics Anonymous are helpful and they may be even more critical with the young alcohol abuser.

8. It is very useful to investigate the alcoholic woman's view of the functions alcohol serves for her. Beliefs and expectations about alcohol and its effects need examination in the process of learning about reality. Alcohol may well have served as self-medication for feelings of depression and tension, and it important to highlight the relationship between withdrawal, physical debilitation and depression in educating women about alcohol and mood change. Ingestion of alcohol does indeed make for mood change but the evidence suggests that as time goes on, drinking will heighten depression and the costs of chronic heavy drinking must be paid for in terms of health and mood.

PREVENTION

Secondary prevention is involved in the early detection efforts of employee assistance programs where the heavy drinking employee

is referred for help while he or she continues to work. Secondary prevention is also involved in educational campaigns directed toward women, such as the "Woman to Woman: Alcohol and You" effort organized by the Association of Junior Leagues (1985). For effective secondary prevention, more information is needed about the early, middle and later stages in the development of alcohol problems. The more that is known about the early manifestations in drinking and other behaviors of women problem drinkers, the more effective secondary prevention can be.

Primary prevention is more difficult, both in the design of effective strategies and in the measurement of effectiveness. Primary prevention is directed toward the abolition or nonexistence of problem drinking. At least one clear direction has emerged: primary prevention programs need to begin early while children are in grade school, because drinking has begun earlier in life with succeeding generations in this century. A very useful distinction has been made by Noel and McCrady (1984), between primary prevention, based on knowledge about antecedents of alcoholism, and secondary prevention, based on the problems which are the negative consequences of the excessive drinking. In a recent review of prevention issues relating to women and alcohol (Gomberg, forthcoming), the point has also been made that prevention strategies need to be defined so that they are not only linked to alcohol but to alcohol in combination with other substances. Smoking and the use of minor tranquilizers are problems for women, and since women who develop alcohol problems are also more frequently smokers and users of other psychoactive substances, the general line of health promotion prevention campaigns should be directed toward cessation of the destructive use of a variety of substances. Additionally, studies of the early histories of women problem drinkers yield warning signs or indicators. A study of alcoholic women in different age groups suggests that an adolescent girl with a family history of alcoholism and some signs of impulse control problems, who drinks occasionally to intoxication and is already involved in marijuana use, is a prime subject for prevention intervention (Gomberg, 1988b). Women in minority groups are even more underserved in prevention efforts (and in available treatment resources) than women in general. Much remains to be done.

FOOTNOTE

[1]Results are described from the Michigan study of 301 alcoholic women, interviewed after detoxification in 21 treatment facilities, and a control group of 137 nonalcoholic women, matched to the alcoholic sample for age and social class background. The research was supported by a National Institute on Alcohol Abuse and Alcoholism Grant AA 04143 and by a faculty grant from the Rackham School of Graduate Studies, the University of Michigan. Where results have been published or are forthcoming in journal articles, the references are listed. Some of the data reported in this pamphlet have not yet been published.

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About the Center of Alcohol Studies

The Center of Alcohol Studies was founded at Yale University in 1940. The center has been a leader in the interdisciplinary research on alcohol use and its effects and has been in the forefront of the movement to recognize alcoholism as a major public health problem. Dr. E.M. Jellinek was the center's first director, and the prestigious *Journal of Studies on Alcohol*, still published by the center, was founded by Howard W. Haggard, M.D. In 1962, the Center of Alcohol Studies moved to Rutgers University.

The center faculty have been trained in biochemistry, economics, physiology, psychology, psychiatry, sociology, political science, public health, education, statistics and information science. The faculty teach undergraduate, graduate and continuing education courses, including the world famous Summer School of Alcohol Studies. The SSAS alumni have assumed leadership positions in research, prevention and treatment of alcohol problems.

The center's four major areas of concern are: research, education, treatment and prevention. As part of the center's educational mission, this pamphlet series presents information on important topics in the alcohol studies field.